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ABSTRACT

In Denmark a large and complex group of social, legal, educational, health, and financial services are available to all women who are pregnant and/or have children under 2 years of age. These services are the subject of two joint reports. The first report describes the history, organization, and administration of the program and the services for pregnant women. Through the nationally organized Mothers Help centers, almost half of all women in Denmark come into contact with and receive help from the centers during their pregnancies. Services provided include maternity allowances, counseling services, educational programs, and abortion counseling. Special services are provided for single parents in the form of: (1) legal aid in connection with affiliation proceedings against the child's father; (2) extensive counseling on whether or not to interrupt the pregnancy; and (3) special maternity homes for single pregnant women. A second report describes services for women with children under 2 years of age and concludes with an analysis of the problems and future of the program. In brief, services offered mothers with children under age 2 include: (1) family planning services; (2) domestic assistance; (3) housing, financial assistance, and educational programs for single mothers; and (4) children's allowances. The authors describes some implications of these extensive health services for the United States in terms of providing for the health and well-being of pregnant women--particularity young, unwed women. (Author/PC)

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HELPING MOTHERS IN DENMARK:

OVER TWO CENTURIES OF EXPERIENCE

I. SERVICES DURING PREGNANCY

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In Denmark a large and complex group of social, legal, educational, health and financial services are available to all women who are pregnant and/or have children under two years of age. These services will be the subject of two reports. This first report describes the history, organization and administration of the program and the services for pregnant women. The second report describes services for women with children under two years of age and concludes with an analysis of the problems and future of the program.

History, organization and administration

Before any other country in the world, Denmark passed a law protecting the rights of the unmarried woman and her child. This law, passed in 1763, decreed that the father of a child born out of wedlock should be liable to contribute at least one-half of the costs incurred by supporting the child until it is 10 years old. This law also indicated that the authorities should assist the mother in establishing paternity and in collecting the maintenance order. A few years later, in the 1790's, Denmark took steps to also protect the health of the unmarried mother and her child by founding the first lying-in hospital where unmarried women could give birth "under safe and discreet conditions".

In 1888 Denmark went further and introduced an important ruling, unique to Denmark, giving the unmarried woman the right to collect the father's maintenance payment for the child in advance from the government. The mother collects the payment from the township as soon as it falls due and is therefore independant of the father's will or ability to pay. The authorities assume the task of collecting from the father.

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In spite of such measures, the position of the unmarried mother remained difficult. The newspapers often reported cases of infanticide. It was this state of affairs which lead a group of interested men and women in Denmark to found a program in 1905 for the aid of unmarried women and their children.

Mødrehjaelpen (Mother's help) was for many years a private organization using only privately collected funds and serving only unmarried mothers in the greater Copenhagen area. Their services included living accomodations for pregnant women and mothers with infants, legal aid and temporary loans to these women. The organization also attempted to make arrangements in adoption cases to help stamp out the unscrupulous speculation in adoptions so prevelant at that time. In 1936 services were expanded to assist in insuring prenatal health care for the unmarried mother. By these means this voluntary organization was supplementing the basic rights of the unmarried mothers, guaranteed by law, with a broad range of services.

Gradually the government came to recognize the value of these services to the whole society. As a result, and in a manner typical for Denmark, the government passed a law taking over many of the services offered by the private organization and making them available to the whole country. According to this law, the first Mothers Help Act, passed in 1939, Mothers Help centers shall, on the initiative of the public authorities, be established all over the country for the purpose of giving services to <u>all</u> pregnant women, married and unmarried. From the beginning of government involvement the services were expanded to cover all women regardless of marital status. The law stipulated in a general way the services to be provided by these centers: personal, social and legal assistance; advice and guidance in connection with their pregnancy; information concerning economic and medical help available during pregnancy and after birth.

The private voluntary organization in Copenhagen continued as a "support society" for the Mothers Help centers. Private

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funds, collected every mother's day in Denmark, have served two purposes: to provide ancillary services not covered by the law and to make possible research and experimentation with new services. Many of these ancillary services and experimental models have proven their value and have been adopted in the subsequent several revisions of the basic law.

All of the Mothers Help centers throughout Denmark together form the Association of Mothers Help. This Association is an independant body within the Ministry of Social Affairs of the national government. The Ministry is guided in its administration of the Association by a supervisory council. The council follows the activities of the centers, decides on fundamental issues and may make proposals for alterations in the prevailing legal rulings. The members of the supervisory council are appointed by: the Folketing (national congress); representative local counties and townships; the Danish Medical Society; and the Ministries of Finance, Interior (public health), Justice and Social Affairs. The Ministry of Social Affairs provides one-half of the funding for the centers and the local townships provide the other half.

Each Mothers Help center serves a local geographic district of Denmark which may include several townships and averages 400,000 population. Depending on the area covered the center may have branch offices and a traveling staff. Each center has its own local board including representatives from each of the counties and townships served by the center as well as interested private groups. The center director is a qualified woman social worker. She, together with two local physicians (nearly always gynecologists, psychiatrists or public health physicians), form the executive council of the center. These three are appointed by the Ministry of Social Affairs for four year terms. Every center must also have legal council available. All center personnel are held responsible under the penal code to keep as professional secrets all they may hear concerning the center clientele.

A brief summary of two Mothers Help centers will serve to

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illustrate the variation in center size, staff and clientele. The Mothers Help center in Copenhagen serves the nothern half of the Island of Sjaelland. This area is highly industrialized and largely urban and includes well over a million people, most of whom live in Copenhagen and its suburbs. The center has a staff of 70 social workers and 18 full-time physicians and 15 part-time physicians. In addition it has lawyers available as consultants. The staff is divided into five groups, each with 15 social workers, a psychiatrist and at least two other physicians. Each group meets each week for a case conference at which problem cases are discussed.

The Mothers Help center in Holstebro, by contrast, serves a primarily rural district of the penninsula of West Jylland far from any large urban area. The center serves a population of approximately 250,000 with a staff including a social work director, one and a half additional social workers, three college graduates without social work degrees who function as social workers and one public health nurse. Two physicians each work seven hours a week at the center and a psychiatrist works four hours a week there. There are no gynecologists on the staff. The center budget calls for more staff but they cannot be secured for this more remote district.

All pregnancies in Denmark are registered with the Mothers Help Association by the physician who makes the diagnosis. In addition the physician is required by law to report to the Association if the pregnancy is out-of-wedlock. He is similarly required to refer a pregnant woman to the nearest Mothers Help center if he knows her to have social, legal, financial or personal problems. Such a mechanism assures the highest level of case finding of women needing services. The effectiveness of this screening process is perhaps best shown by the fact that close to half of all women in Denmark who are eligible for this program--that is, are pregnant or have a child under two years of age--come into contact with one of the centers. Over 90% of all unwed pregnant women (who contribute over 12% of all births in Denmark) receive help from a center. Half of the center's clients are married and half are either unwed,

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divorced or widowed.

Once a physician or midwife has referred a woman to a Mothers Help center, a full report is always sent back to the physician or midwife. In this way communication continues between health personnel and Mothers Help staff, each party working to see that the woman gets all necessary services in a coordinated fashion. (It should be noted here that every pregnant woman in Denmark has a physician and/or midwife supervising prenatal health care.)

What are the services available to all pregnant women through Mothers Help?

Services for pregnant women

A. Services for all pregnant women.

Starting in 1956, all pregnant women in Denmark were entitled to a milk allowance for a year. At first this allowance was administered by Mothers Help using milk coupons. In 1970 it was decided that, instead of milk coupons which were impractical and carried a stigma implying lack of trust of the woman's fiscal judgement, the maternity allowance should be a cash benefit to be used by the woman as she sees fit. At present this allowance is 822 Danish Kroner (approximately $135), half given during pregnancy and half after birth. This allowance is no longer administered by Mothers Help but another agency.

A working woman who sustains a loss of income on account of pregnancy is entilted to a cash benefit on the same lines as a sickness benefit. She must have been gainfully employed for a period of at least six months during the year preceeding the pregnancy, working for at least 10 hours a week. This benefit is for 14 weeks and, if special medical circumstances dictate, this period may be extended. In addition in many cases employers grant full or partial payment of salary during maternity leave (this includes all women employed in public service).

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Since 1948 the Association of Mothers Help has also received an annual "discretionary grant" from the government. This allows the Mothers Help centers to render direct economic support beyond the usual maternity allowance in special cases during pregnancy. This money may be used to purchase necessities for the home or to pay for temporary domestic help for overworked or exhausted housewives who are not eligible for the House Helper Service which is granted in cases of sickness but not pregnancy.

In addition to economic assistance during pregnancy, Mothers Help centers also provide counseling services. The social workers in the Mothers Help centers counsel the clients with the aid of a team of specialists--psychiatrists, physicians, psychologists and legal advisors. The focus is on the family and, when necessary, other family members may come in for counseling or house visits are made.

A third type of service offered by Mothers Help centers to all pregnant women is educational programs. The centers provide courses in infant care for expectant mothers and fathers. Discussion groups and mother's clubs are organized. The centers also hold special courses for prospective adoptive and foster parents. Throughout the country lectures are given by speakers from the Mothers Help staff: doctors, lawyers and social workers.

The fourth service available through Mothers Help to all pregnant women in Denmark is counseling and permission with regards to interruption of pregnancy. In Denmark there has been access to legal abortion since the Pregnancy Act of 1937. The purpose of this act was to reduce the number of dangerous illegal abortions. The main feature of this first legislation was that it regarded interruption of pregnancy as permissible only under special conditions and stressed the duty of the community to help healthy, normal women to carry their pregnancy through. Originally there were three indications for legal abortion: serious danger to the health or life of the woman; rape, incest or a pregnant woman under 15 years old; hereditary

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predisposition or embryonic injury making the likelihood of serious or incurable abnormality in the child high. Since the original act, however, other indications have been added from time to time. At the present time, then, in addition to the original three indications the following indications are also in effect: serious mental or physical defect in the woman making her incapable of looking after the child (added in 1956); a woman over 38 years of age or having four children under 18 years of age (added in 1970); "bad" social conditions (added in 1970). This last indication includes two situations: when the woman, on account of young age or immaturity is unable to properly take care of a child; when the pregnancy, the delivery or the care of the child will be too serious a strain on the woman and can not be averted in other ways. This social indication essentially opened the door to allow abortion in a wide variety of situations where it is determined to be an undesirable situation for a birth of a child. In all situations, it is always required that the woman herself wants an abortion.

If the pregnancy is not beyond 12 weeks and if the woman is over 38 years of age or has four children under 18 years of age the abortion can be performed on the demand of the woman without further permission. If there is a definate medical indication, the abortion can be performed after the approval of the family doctor and the consent of the mother. All other cases where interruption of pregnancy is sought are referred to the Mothers Help center for consideration.

The permission for obtaining permission for an abortion is as follows: The woman comes to the Mothers Help center, often with a letter from her family physician. She is examined by the gynecologist, psychiatrist and social worker on the center staff. If indicated further special outside consultation or observation may bw obtained. During the time the Mothers Help center is collecting information and preparing a file on the case, the staff of the center is forbidden by law to mention to the woman the possibility of having the pregnancy to to completion and then giving the baby up for

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adoption. This is because the government does not want the Mothers Help center to influence the mother in this decision. This is a departure from the earlier law. The law also states that if, at the time of the original diagnosis of pregnancy, the woman expresses to her physician an interest in interruption of the pregnancy, the physician must refer her to a Mothers Help center.

When the Mothers Help staff has finished gathering information, the woman's file is then presented to a special committee of the center which includes a psychiatrist or a physician with special knowledge of social medicine, an obstetrician or surgeon, and the social work director of the center or her social work representative. The committee must agree unanimously for the abortion to be approved. In the great majority of cases, approval is granted. Since 1970 it is possible for the woman whose application for abortion has been refused by the local center to appeal to a central board established under the Ministry of Justice.

Once the request for abortion is approved, the procedure is performed by a gynecologist at the local hospital. The procedure is paid for by the national health insurance at little or no cost to the woman.

After the decision has been made by the Mothers Help center with regards to interruption of pregnancy, it is up to the woman whether or not she will maintain contact with the center. In many instances she and her family need subsequent assistance, both in cases where the abortion was approved and where it wasn't. If the application for abortion was denied or the woman renounced her desire for it, the center can bring all of its services to bear to support the woman in carrying through the pregnancy. Followup studies have shown that 81% of women whose application for abortion was denied have carried their pregnancy through. In many cases where the pregnancy has been legally interrupted, the center has continued to give assistance to the woman. These women are, in most cases, exhausted, careworn and poorly situated. Follow-up work by the center has prevented more

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undesired pregnancy or helped to make the woman capable of bearing children if she desires them.

One recent year's statistics on abortions will be briefly reviewed. In the year 1971/72 there were 75,979 births and 11,496 legal abortions in Denmark or 1 legal abortion for every 6.6 births. In the same year 9,038 requests for abortion were brought to Mothers Help centers of which 8241 or 91% were granted. Of the women requesting abortion, 39% were unmarried, 46% were married and 15% were formerly married. It is interesting to note that 87% of unmarried women were approved for abortion, 93% of married women were approved and 95% of formerly married women were approved. Only 40% of women 14 weeks or more pregnant were approved and most women not approved were either beyond 12 weeks pregnant or were ambivalent about the abortion.

There is every indication that, as a result of the abortion laws, the number of illegal abortions has decreased considerably. In 1960 it was estimated that about 10,000 illegal abortions were performed in Denmark and in 1971 it was estimated that the number did not exceed 3000.

The original Pregnancy Act of 1937 and its several subsequent revisions have always been preceeded by an investigation of the matter by a special government commission. The commission publishes a set of recommendations for a new law or revision of the old law. There then follows a period of discussion and debate by the general public. The Folketing (national congress) then later votes on the recommended legislation. At the time of writing of this report Denmark is going through this process. In 1972 a special commission's proposal for a new abortion law was published and in July 1973 the Folketing will vote on this proposal. At present the period of debate is in full swing. The proposed legislation is called "fri abort" (free abortion) in the public press as it states that abortion will be free on demand to any woman 12 weeks or less pregnant. The woman need only to present herself to her private physician who in turn will admit her to the hospital for the procedure. The proposed legislation further states that if the woman is more than 12 weeks pregnant

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or is in doubt about wishing to have an abortion, she must be referred to a Mother's Help center for evaluation and assistance. Although various aspects of the proposal, such as voluntary versus compulsory counseling by the Mothers Help center prior to all abortion, are being widely debated, it appears that the proposal will become law in 1973.

B. Services for unmarried pregnant women.

Before describing the services available to unmarried pregnant women it is important for the reader to be briefly acquainted with the status of these women in Denmark today. In 1953 a commission appointed by the National Council of Women in Denmark and the Danish Women's Society published a report on the position in society of unmarried mothers. This report stressed the point that these women form a normal part of the population, neither better nor worse equipped personally than the average person. It is no exaggeration to state that we have seen evidence on every side that today this is the prevailing attitude of Danish society. There is little or no stigma attached to this condition and these women make little or no attempt to hide their situation. The maternity homes (to be described later), which decades ago were a place for unmarried pregnant women to run away to now serve a completely different purpose. Unmarried mothers were always happy to talk openly with us about their problems and life style. During a recent strike an unmarried mother (out on strike) was interviewed and a picture of her and her child with their names appeared on the front page of the largest newspaper in Copenhagen. In Denmark these women are not referred to, either professionally or in public, as "unmarried mothers" but rather as "single mothers" or "lonely mothers"--a reflection of the general attitude which focuses not on their marital state but on their social situation.

A second prevailing consensus concerning single mothers, one which guides all of the services the Mothers Help centers offer to these women, is that in addition to all of the

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usual problems which arise as a result of pregnancy and motherhood, these women, because there is no legal husband present, also have special problems to contend with such as housing, employment and economic conditions. Many of them are also lonely and in need of emotional and/or social support--not because they are thought of as personally inadequate (or wayward) but because of their life situation. Single mothers, then, may receive all of the services previously described which the Mothers Help centers offer to all pregnant women and, in addition, they may receive services designed especially for them.

The first special service Mothers Help offers to single mothers is legal aid in connection with affiliation proceedings against the child's father. This procedure is based on the important principle that a child born out-or-wedlock has the same rights in relation to its parents as has a child born in wedlock including the right to its father's name, the right of inheritance and the right of support from the father. In order to secure these rights for the child, the Mothers Help centers give the mothers every assistance in legally establishing paternity. Since all single pregnant women are referred to a Mothers Help center, all are advised by the center of these rights for her child. Although the mother has the right to refuse naming the father, this is rare and paternity proceedings are brought forward in almost every case. The mother gives the name of the father to the Mothers Help center and he is then called in to sign. During the hearing of the case the center staff supports the woman in every way possible, appearing with her in court if necessary, perhaps appealing a judgement that is contrary to her interests, and advancing the expected maintenance sum until the case is settled. (Divorced or separated women can also avail themselves of Mothers Help assistance in maintenance cases and likewise receive an advance.) If paternity cannot be established the mother may still be granted a maintenance allowance paid by the township. At present the minimum maintenance allowance is 206 Danish Kroner (approximately $34) a month and is given to the mother until

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the child is 18 years old and may be extended to age 24 if the child is in school.

The second special service the Mothers Help centers offer to single pregnant women is extensive counseling beyond that usually given to married pregnant women. The first task of such counseling is to assist the woman in deciding whether to interrupt the pregnancy. As stated previously, the center staff is prohibited by law from attempting to influence the woman in this decision but can only give her information concerning her options.

If the woman elects not to interrupt the pregnancy, then the second task of counseling is to assist her in planning for the pregnancy and delivery. These women, as mentioned, have special problems with housing, employment and finances. The center staff will assist her in solving any or all of these problems. Although the monthly food and clothing allowance of 800 Kroner ($130) given to single mothers (see next report) usually starts at the birth of the child, in cases of need Mothers Help may start such financial assistance during pregnancy. The single mother must decide whether to live with her parents, by herself or in one of the maternity homes (see below) and the staff helps her with this decision. The center staff helps her with finding an apartment, finding a job, etc..

The third task of the counseling is emotional support to the single mother during her pregnancy, a need that is usually greater than that of the married pregnant woman with a husband present. The amount of personal support required varies greatly, from none to the constantly supportive milieu of the maternity home. In most cases, however, this support consists of occasional visits with the social worker on the Mothers Help staff, either at the center or at the single mother's home. Single mothers, in all cases, choose whether or not they wish to avail themselves of the services of Mothers Help--although over 90% of them ask for and receive this help.

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Another special program Mothers Help offers to single pregnant women is the maternity home. While these homes were originally a refuge for girls who desired or were forced to leave home because of an unwed pregnancy, they now serve a different purpose. They are a place where the Mothers Help staff can send a single pregnant woman who, for whatever reason, needs a more protective and supportive environment during the pregnancy and perhaps for a period of time thereafter. The reasons for needing a more supportive environment vary widely including: young age or emotional immaturity; mild or moderate emotional or social maladjustment; foreign citizens unfamiliar with or insecure in the Danish culture. A careful attempt is made to have a balance of women in each home so that the home does not become overbalanced with maladjusted women. Women with more severe emotional problems (for example, a known user of hard drugs) are not placed here but referred for treatment elsewhere.

The homes are small with 12 to 20 mothers, some of whom will already have given birth and will be living in the home with their baby. The mothers can stay with their child, when necessary, for a number of months until they have a place to go and are ready to make it on their own. Many of the pregnant women will be working. If the mother remains in the home after delivery, she cares for her own baby. Some mothers may return to work when the child is three months old in which case the baby is placed in day care. There is no charge for living in the home, even if the mother is working. If the mother is not working and is not eligible for unemployment benefits, she is given 50 Kroner ($8) a week pocket money.

There is a registered nurse on duty 24 hours a day in the home. The doctor comes to the home to give prenatal health care. The visiting infant health nurse comes to see the infants. The director of the home tries to develop a close rapport with the mothers and make the home as therapeutic a milieu as possible for each mother. The director works closely with the staff from the Mothers Help centers which have referred the women. When the mothers leave the home

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they usually continue to receive support from the Mothers Help centers.

Because these maternity homes offer a somewhat artificial and protective environment it is considered better in most cases for the pregnant single woman who can manage to live in a "normal" home with her parents, with a friend or by herself. Inevitably, however, there are some who are not yet ready for such independance, particularly during the stressful period of pregnancy and early motherhood, and for these women the maternity home serves as a half-way house until they are prepared for self-sufficiency.

The second report on Mothers Help centers describes services for mothers with children under two years of age and includes:

1. children's allowances paid to parents
2. adoption
3. family planning services
4. domestic assistance for overworked mothers
5. recreation homes where tired mothers and their babies can have a "rest cure"
6. housing for single mothers with children
7. educational programs for single mothers with children
8. financial assistance for single mothers with children
9. "baby homes" where infants and young children without parents receive observation and necessary treatment prior to adoption or placement

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HELPING MOTHERS IN DENMARK:

OVER TWO CENTURIES OF EXPERIENCE

II. SERVICES DURING THE TWO YEARS FOLLOWING CHILDBIRTH

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This is the second report on helping mothers in Denmark. The first report "Helping Mothers in Denmark, I. Services during pregnancy" describes the history, organization and administration of the program and the services for pregnant women. The present report describes services for women with children under two years of age and concludes with an analysis of the problems and future of the program and the implications for the United States.

Services for all women with children under two years of age

The Mothers Help centers throughout Denmark offer services to all women living in Denmark who are either pregnant or have a child under two years of age. Some services, previously described for pregnant women may continue after the delivery of the child although they may change somewhat in nature. When the child reaches his second birthday, the mother is no longer eligible, in most cases, for the center's services. If services are still needed, the mother is referred to other social agencies.

Financial benefits to mothers with young children occur on several levels. First, all families in Denmark with children receive a children's allowance. All families receive a fixed basic allowance regardless of income or means. The allowance is adjusted to the cost-of-living index and it is subject to increase in special circumstances, for example if the head of the household is unmarried, divorced, widowed or disabled. The following shows the present yearly allowance in approximate dollar equivalents for two circumstances:

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number of children	1	2	3	4
married couple	$170	$410	$610	$820
single mother	525	825	1125	1425

Unless special circumstances make it undesirable, payment of this allowance is made to the mother. The reasoning behind this step is that it is generally the mother who is responsible for purchases of food, clothing and other items for the children and the authorities wish to insure via this payment system that the money will be applied for the benefit of the child—as is intended.

A second financial benefit for mothers with young children is the full cost of the layettes for newborn babies. This is paid entirely from government funds and is distributed by the Mothers Help centers to all mothers whose income is below a certain limit.

The third type of financial benefit for mothers with children is given on a selective, individual basis. When, in the course of counseling mothers with young children, the Mothers Help center staff finds the need for financial assistance, there is the possibility of providing funds for a wide variety of purposes. Small debts may be paid off, washing machines or badly needed furniture may be purchased and, perhaps most importantly, services may be purchased on a temporary basis to help an overworked mother. Thus during the "confinement period" (first three months apter childbirth) domestic assistance in the form of sending out all laundry or having a homemaker come into the home regularly to clean may be paid for by Mothers Help.

Counseling services are also available to mothers with children in the Mothers Help centers. The same team approach is used as described for counseling pregnant women. If the mother has children, however, she is eligible for and is often referred to the Family Help counseling service described in our report "Family Guidance in Denmark". In areas where this

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latter service is not yet available or in cases where the type of services described in this report are particularly indicated (for example, the rest and recreation home for mothers) the Mothers Help center will provide the counseling for the mother and her family.

Mothers Help in Denmark seems to appreciate the syndrome of maternal deprivation in the mother with very young children. In addition to the domestic assistance which can be purchased in the home (see page 2) the Mothers Help also provides for such women a service which would best be understood by Americans familiar with the Rest and Recreation Centers the army provides for service men with battle fatigue. Denmark has many Rest and Recreation (R and R) Centers for people in need of rest, recreation or convelescence for whatever reason but these centers are not equipped to handle small children. There are, therefore, year-round R and R centers run by Mothers Help where mothers may come with their infants and young children. The mothers and children may stay from two weeks to a year, depending on the need.

The R and R centers are located in the countryside in quiet, pastoral settings, usually on large, old farms. Each center can accomodate approximately 20 mothers and 30 children. The mother makes her bed and feeds and sleeps with her child but otherwise has no responsibilities. Her laundry is done and her meals are served to her. She may play with her baby when she wishes but there is a staff to care for the children when they are not with their mothers. There is a TV room, sitting rooms where the mothers may gather to chat, craft rooms for sewing, weaving and other hand crafts with trained staff to assist, and large grounds outside for walking, sitting, swimming, etc. A separate building houses consultation rooms where staff may meet with individual mothers.

Mothers needing R and R are referred to Mothers Help by physicians, public health nurses, social workers and others. They are evaluated at the Mothers Help center and then placed in one of the R and R centers. Mothers needing R and R include 1) very young mothers 15 or 16 years old who are overwhelmed

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by a new child and need rest and guidance in the care of children. 2) Mothers from a difficult domestic situation--an alcoholic husband for example--who need temporary relief from their problems. 3) Mothers with many younger children leaving them exhausted. 4) Mothers who are emotionally unstable and need regular psychotherapy and a quiet milieu but do not require hospitilization. Sometimes mothers will be discharged from a mental hospital to an R and R center as a half-way house. Sometimes disturbed mothers living at home will go first to the R and R center to see if hospitalization with its separation of mother and child can be avoided. 5) Mothers recently arrived in Denmark from Greenland or other countries and suffering from culture shock.

The director of the R and R center is always a woman and is usually a social worker or nurse. In addition the staff includes child nurses (see our day care report) to care for the children, a psychiatrist two full days a week, a social worker two full days a week and a gynecologist one full day a week. When the mothers leave the R and R center they are referred back to the Mothers Help center for continuing help. The services of a R and R center are entirely free to the mother and the costs, as with other Mothers Help services, are shared by the central and local governments.

In addition to the year round R and R centers, Mothers Help also runs many temporary holiday centers in the summer months where they may send tired mothers with children needing a short rest of a week or two. These holiday centers may be held in campgrounds, in schools in the countryside vacant for the summer, etc. As with the year round R and R centers, caretakers are provided for the children and crafts and other recreational activities are offered to the mothers. All expenses for the mothers are paid for by Mothers Help. Most mothers referred to these "summer camps" could not otherwise afford any vacation, either for financial and/or child care reasons.

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Another service offered by the Mothers Help centers to all women in Denmark is family planning services and sex education. For many years every Mothers Help center has set up numerous clinics for family planning. These clinics are widely advertized in the press and radio. Any woman 14 years of age or over may come in by herself (without consent) for contraceptive advice and management. All services, including pills, IUD, etc. are free. The effectiveness of the service is reflected in the fact that Denmark has now reached zero population growth.

The public schools in Denmark have an extraordinarily complete program in sex education for children from 7 to 14 years of age. At 14 years, sexual intercourse between consenting persons is permitted by law. After 14 years of age, responsibility for continuing sex education and advice is assumed by Mothers Help. The Mothers Help family planning clinics are staffed by gynecologists and offer, in addition to contraceptive advice and treatment, gynecological examinations and treatment and advice and counseling in sexual and other matters related to female health. The staff of the Mothers Help centers--doctors, lawyers, social workers--give lectures on sexual questions throughout the country at school, parents meetings, and elsewhere and help to prepare articles and presentations for the media.

Supervision of adoption is another service offered by Mothers Help to all mothers in Denmark. Mothers Help, in fact, lead the fight in Denmark earlier in this century against the abuses connected with adoption and foster homes. The earlier voluntary Mødrehjaelpen (Mothers Help) Society was instrumental in having the Ministry of Justice limit the negotiation of adoptions to authorized organizations and individuals. Now in all anonymous adoptions (parents and prospective adoptive parents do not know each other), an authorized intermediary is required. The Mothers Help centers have such authorization and arrange the great majority of anonymous adoptions of children under two years.

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The decision of the mother to give up her child for adoption is made entirely by herself. The Mothers Help center staff assists by giving her complete and honest information on her various options with regard to the child but is forbidden by law from attempting to persuade her one way or the other. In Denmark it is believed that the mother should not be required to make a final decision concerning the adoption of her child either before or immediately after the birth of the child. In their experience a three-month interval after childbirth has proved to be a reasonable period prior to this final decision. A number of single women in contact with Mothers Help centers during pregnancy express the wish to put their child out for adoption but most of them reconsider after the baby is born and less than 3 % part with their child anonymously through Mothers Help. In spite of this, of all children who are put out for adoption, 85% are born out of wedlock.

As stated in the adoption law, the basic principle guiding all adoption procedures is that adoption shall be of benefit to the child--"first and foremost the child who cannot speak for itself must be considered". Following this, of course, the interests of the mother and prospective adoptive parents must also be considered as far as possible. The child is placed in an infant home (see below) or temporary foster home the first three months after it is born. During this period the Mothers Help center staff completes a thorough evaluation of the child, the natural parents and the prospective adoptive parents. The evaluation of the prospective adoptive home includes repeated interviews, home visits and consultation with local authorities familiar with the home.

The problem of optimally matching children put out for adoption with persons desiring to adopt is greatly facilitated by a centralized adoption office serving all Mothers Help centers. This allows a comprehensive, nationwide view of all prespective adopters and adoptees. The central adoption office also has a staff of specialists--psychologists, child psychiatrists, pediatricians, internists, lawyers--who, when

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indicated, attend weekly adoption conferences held in each Mothers Help center. The centers, however, conduct the evaluation of both parties and the child and bring about the contact between the child and his new parents.

Infants waiting for adoption are placed in special children's homes developed by Mothers Help for the purpose of providing quality care as well as allowing close observation and evaluation. The babies are placed in the home at three weeks of age and are usually placed in the adopting home at three to four months of age. During the stay in this home, the infant's mother is free to visit the child although we were told this rarely happens. During their stay in the children's home the infants receive complete physical and psychological and, when indicated, genetic evaluation.

The authors will admit approaching this particular service with some concern because of the well-known problems in other parts of the world with "baby homes". Our fears, however, were dispelled by our observations of the warm, consistent, individualized mothering under close professional direction. Each home has approximately 20 children and a child-caring staff of 25 to 30--a staff-child ratio of greater than 1 to 1. Each infant is assigned to one child nurse who has had special training for this task (see our report on the training of child caretakers). This child nurse's only responsibility is the care of that child. There are five to six infants in each room and the five to six child nurses in that room meet daily to discuss the children. The infants do not change rooms or caretakers during their stay.

In addition to the child nurses, the staff of the home includes: the director, a pediatric nurse who lives in the home; a child psychologist who spends two full days in the home each week, a pediatrician who spends one full day in the home each week and is on call 24 hours a day for illness or emergency; a child psychiatrist who spends two days a month in the home. This staff of specialists is responsible for evaluating the infants in the home with regards to their

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adoptability and is also responsible for assisting the home in providing optimal care to the infants during their stay. A daily record is kept on each child and once a week all of the child nurses in the home meet together with the director, the psychologist and physician to discuss the progress of each child. Once a month a case conference is held with the entire staff of the home together with social workers from those Mothers Help centers which have babies placed in this home.

Occasionally, of course, infants are found with definite or suspected defects or developmental problems which contra-indicate early adoption. These infants, at three to four months of age, are placed in selected foster homes or, if further close observation and/or treatment is necessary, they may remain in the infant home. In this manner these homes serve a second purpose--longer term observation and treatment of problem children pending adoption. Each home usually has several of these older infants or toddlers who receive the same kind of individualized care under close supervision. The recent trend, however, is to place these children, whenever possible, in private foster care and the great majority receive such placement rather than remaining in the home.

The infant homes also serve as training centers for hospital pediatric nurses, public health nurses, physicians specializing in pediatrics or social medicine, and child nurses preparing for this type of work.

Services for unmarried women with children under two years of age

As indicated in the first report "Helping Mothers in Denmark--Services during Pregnancy", single mothers have, in addition to the usual problems all mothers have when they have very young children, special needs connected with their unmarried status including: social and emotional support; economic support; education and employment; housing. Consequently single mothers with young children are eligible for, in addition to all of the programs just described for all mothers,

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special services provided by Mothers Help to meet these special needs.

The first special service the Mothers Help centers offer to single mothers with young children is extensive counseling beyond that usually given to married mothers. The first task of this counseling is to provide emotional support to these mothers during what in Denmark is called the transitional period. Pregnancy and childbirth usually interrupts the single woman's mode of living including education in progress, employment, circle of friends, etc. The transitional period is that time following the birth of the child during which the single mother who elects to keep her child establishes a new life pattern. This transition usually lasts from several months to two years during which the mother must choose which path she wishes to take with regard to education, employment, where and with whom to make a home, friends, etc. Because of all the uncertainties during this transitional period, the Mothers Help centers provide individual counseling given by a social worker on their staff.

Another task of the counseling is to assist the single mother in financial planning. All of the financial benefits described earlier for all mothers are also available for single mothers. The social worker helps the mother to plan her budget and, when needed, arranges for the financial benefits Mothers Help offers.

In addition to helping single mothers through the transitional period after childbirth, Mothers Help has a more long-term goal: to provide these women with the assistance which will enable them to make a good permanent home for their children. In many cases this is best acheived through providing further education or vocational training for single mothers. As early as 1940 Mothers Help centers, using privately collected funds, began to help single mothers to secure further education or training. The results of this service proved to be excellent. One follow-up study of 225 single mothers with children who received further education or training with Mothers Help support

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showed that from two to seven years after the training was complete, 71% still had employment corresponding to their training or education while 18% had had lasting employment but had quit for personal reasons--for example marriage. Only 11% had failed to obtain a job in the profession for which they had trained. Since 1956 the government has taken over the funding of the education and training of single mothers. This training includes everything from an apprenticeship for hairdressing to secretarial school to University training for nursing, teaching, etc.

The Mothers Help social worker helps the single mother to select the training or education program and then draws on special funds to support the mother during her training period. Under this special program the mother receives, at the present time, 800Danish Kroner ($130) a month for food and clothing. The costs for rent, utilities, transportation and tuition are also covered. With the special children's allowance for single mothers (see page 2) to cover the expenses of the child, this mother is then able to complete her training without fear of debt. Her child is guaranteed a place in day care because single mothers have high priority and there is no cost for this day care since such mothers in training are eligible for a free place (see our report on day care). The training must begin before the single mother's child is two years of age but the support can continue as long as is necessary for the mother to complete her career preparation.

If a single mother has dropped out of school before completing her secondary education, she has another educational possibility. She may attend one of the "youth schools" in Denmark where <u>any</u> young person who has dropped out of school may go to live to finish high school. These schools have child care facilities for students with children. The well known "folk high schools" of Denmark also have "family high schools" where a family (with or without a father) may live and enroll all family members in the same school.

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A final special service Mothers Help offers to single women with young childreh is assistance in housing. In general it is felt to be best if the mother and child can have their own place to live in a normal neighborhood. The Mothers Help social worker will assist the single mother in locating an appropriate place to live (often a difficult task in Copenhagen where there is a serious housing shortage). In many cases, however, it is difficult to locate such housing or the mother, especially during the transitional period, may feel insecure or inadequate to make it on her own. In such cases the mother can be referred to a Collective House.

In Copenhagen there is, for example, such a collective house--a large apartment building with 113 apartments provided for single mothers with children. Ninety-three of the apartments are intended for single mothers with one child and twenty are for single mothers with two children. The apartments are rented at a reasonable price for a specified period--usually two years. A Mothers Help social worker is assigned to the apartment building and screens all applicants and is available as needed for counseling. On the ground floor is a day care center reserved for the children living in the building. This day care center is unusual in that is has more staff per child, a higher than usual number of men on the child care staff and works closely with the social worker and the mothers in guiding the development of the children.

The business of the collective house is managed by a board of directors which includes two mothers and the social worker. There are "house meetings" every two months for all mothers where problems arising in the building may be resolved. The women are completely free in the conduct of their private lives while living here--friends of either sex may visit for any length of time as long as they do not permanently reside in the building.

Such a collective house is seen to have advantages for certain mothers: somewhat specialized day care is conveniently

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located; more than normal support is available to less secure mothers. On the other hand such housing has disadvantages: the single mothers are collected together in a "single mother's ghetto" rather than in a normal neighborhood; every apartment in the building has children--133 young children in one building. Never-the-less in a crowded, large urban area such as Copenhagen such a collective house appears to serve a real purpose for certain single mothers.

Problems and Promise

In evaluating the Mothers Help system in Denmark, the authors have identified several problems. The first problem is one common to any service program--the difficulties encountered in changing the program to meet changing needs. Thus Mothers Help has changed from a service only for single mothers to a program for all mothers and most recently the services have become more and more family oriented. This changing focus is seen as a valid and progressive one but changing the program emphasis and the attitudes and actions of the staff has been slower and more difficult.

A second problem has been the separateness of this service. Prenatal social services must be coordinated with prenatal health services given in a different location by different people. There is some degree of overlap of Mothers Help services for mothers with children with other social services in the community. We were told that in some rural areas the townships may intentionally withhold giving services to mothers hoping the mothers would turn to the Mothers Help center where more of the funds come from the central government. There is also the need at present to shift the caregiving agency when the mother's child reaches its second birthday--a shift which inevitably produces some falling between chairs.

Another familiar problem is shortage of funds and personell. The process of financing its operation has been a recurring problem for Mothers Help and in some cases has hampered its

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work. There is a shortage of social workers in Denmark, a situation which has affected Mothers Help particularly because its salaries are lower than those of some other social insitutitons.

It is hoped that many of these problems will be measurably improved by the major social reform which is taking place at the moment in Denmark. In brief, the object of the reform is twofold: simplification and decentralization. Each local community will have a social service center where families may go for all social services including those presently provided by Mothers Help. Day care screening, family help services, the local Child and Youth Committee staff (all described in our other reports) will be located in the same center. This reform will help to overcome the inertia associated with changing services to meet changing needs, will help to resolve the problems of overlapping or gaps in services associated with having separate programs, will eliminate the competition between social agencies for funds and personell and, most importantly, will allow all social services to be located in the neighborhood and oriented to the family.

Implications for the United States

Mothers Help offers a large and complex group of services to women in Denmark. There are many implications for the United States from this Danish experience. The following list is not intended to be exhaustive but rather is intended to highlight some of these implications.

1) A nationwide pregnancy registry has been shown to be an effective screening process for identifying women at risk and in need of services.

2) Pregnancy and the first two years after childbirth is a risk period for all women. Support services, including counseling, educational programs and financial assistance, are frequently needed by women during this period.

3) Unwed mothers have special needs and need special

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services--legal, financial, emotion-social, housing, education and training. These services are needed both during pregnancy and during the longer transitional period after childbirth. Such services have been shown to produce stable families.

4) Many if not most women seeking abortion can benefit from counseling and advice both before and after interruption of pregnancy.

5) Traditional maternity homes for unwed mothers can be effectively converted to homes for unwed pregnant women with special needs.

6) Maternal exhaustion in varying degrees exists in developed as well as developing countries. Support services, both in and out of the home, can effectively assist these women.

7) A nationwide adoption program with centralized matching of children with prospective adoptive parents and local evaluation and placement has been shown to be feasible and effective.

8) It has been shown to be possible to set up a national system which effectively provides supportive services to all women who are pregnant or have young children. Important elements in this system include nationwide standard setting with legal binding and local centers for providing the care. It may prove to be best to incorporate these services for mothers into a family support system which operates out of a neighborhood service center.